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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Jordan

Proposed UNFPA assistance:	$4.5 million, $4 million from regular resources and $500,000 from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1998-2002)
Cycle of assistance:	Fifth
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.8	0.5	3.3
Population & development strategies	0.4	-	0.4
Advocacy	0.4	-	0.4
Programme coordination & assistance	0.4	-	0.4
Total	4.0	0.5	4.5

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JORDAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	87.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	35.0	≥55
Access to basic health services (%)[3]	97.0	≥60
Infant mortality rate (/1000)[4]	36.0	≤50
Maternal mortality rate (/100,000)[5]	48.0	≤100
Gross female enrolment rate at primary level (%)[6]	98.0	≥75
Adult female literacy rate(%)[7]	72.7	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	5,373
Population in year 2000 (000)	6,330
Sex ratio (/100 females)	105.0
Per cent urban	72
Age distribution (%)	
Ages 0-14	43.3
Youth (15-24)	21.3
Ages 60+	4.4
Percentage of women aged 15-49	46.8
Median age (years)	18.0
Population density (/sq. km.)	55
Annual population growth rate (%)	3.28
Urban	4.06
Rural	1.20
Crude birth rate (/1000)	37.5
Crude death rate (/1000)	4.8
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.13
Life expectancy at birth (years)	
Males	67.7
Females	71.8
Both sexes	69.7
GNP per capita (U.S. dollars, 1994)	1,390

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Jordan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $4 5 million, of which $4 million would be programmed from UNFPA's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $500,000 from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's fifth programme of assistance to Jordan.

2. The proposed programme of assistance was developed based on the outcomes of a Programme Review and Strategy Development (PRSD) exercise that included a mission to Jordan in June 1997. The PRSD was conducted in close cooperation with the Government and national non-governmental organizations (NGOs) as well as with other donor organizations. The Government fully subscribes to the PRSD findings and recommendations. The programme cycle is harmonized with those of UNDP and UNICEF, as well as with the country's Economic and Social Development Plan for 1998-2002.

3. The overall goal of the proposed programme is to contribute to sustainable development in Jordan through securing quality universal reproductive health services and information as well as promoting gender equity and equality. The reproductive health subprogramme, in particular, will focus on densely populated, poor rural and urban areas. Jordan is a category "B" country according to UNFPA's resource allocation system, and the proposed programme will focus on the area of greatest need -- reproductive health. The main subprogramme will be supported at the national level by a population and development strategy subprogramme to facilitate the implementation of the plan of action for the National Population Strategy and by an advocacy subprogramme to create an environment conducive to the mobilization of political, human, and material resources in support of these action plans. The proposed programme will be implemented in close collaboration with other United Nations agencies, especially those that are members of the United Nations Development Group, as well as with bilateral donors.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be undertaken in accordance with the principles and the objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Jordan is a lower middle-income country with an annual per capita income of $1,400. Jordan's economy experienced a steady growth in the 1970s until 1983. By 1988-1989, growth in the gross domestic product (GDP) became negative, inflation soared and unemployment reached 25 per cent. Currently, unemployment is reported at 15 per cent, and the proportion of the population falling below the national poverty line ranges between 15 to 20 per cent.

6. Jordan's population grew seven-fold during the period 1952-1994. The population more than doubled between 1979 and 1994. The average intercensal rate of population growth was estimated at 4.4 per cent. The high population growth rate was due in part to the Gulf crisis in 1990-1991, which caused the return of some 220,000 persons to Jordan. If current levels of fertility and mortality remain unchanged, the population is projected to more than double within 24 years.

7. The current overall population density is about 49 persons per square kilometre, but it is unevenly distributed across the country. Three governorates -- Amman, Irbid and Zarqa -- accounted for about 72 per cent of the total population, with Amman alone containing 38 per cent. The country has urbanized rapidly. In 1950, the proportion of the urban population was around 35 per cent; the comparable figure in 1994 was more than 70 per cent.

8. Compared to most developing countries, Jordan has gone a long way towards meeting the ICPD goals. Infant and child mortality rates (36 per 1,000 and 39 per 1,000, respectively) are well below the corresponding ICPD target levels. Jordan's latest reported maternal mortality rate is between 40-43 per 100,000 live births. However, there is concern over the high total fertility rate (5.1) and its implications for population growth and sustainable development, in general, and women's health in particular. There is a need to strengthen reproductive health and communication programmes that address the sociocultural determinants of high fertility rates in Jordan.

9. The contraceptive prevalence rate in Jordan rose from around 23 per cent in 1976 to 49.3 per cent in 1996, according to the most recent national statistics. Contraceptive practice is higher among urban, older, higher parity and more educated women than among their rural, younger, lower parity and less-educated counterparts. A 1996 survey found that around two-thirds of contraceptive users were using modern methods. In order to consolidate the achievements in this area, the quality of the existing services needs to be improved to address the issue of high discontinuation rates and the need for a wider method mix. Furthermore, despite the vast network of primary health care facilities which covers more than 95 per cent of the population, most of the reproductive health services are greatly underutilized due to their limited responsiveness to the needs of the population. The efficiency of the public health care system as a whole is currently being reviewed under the health-care reform initiative.

Previous UNFPA assistance and lessons learned

10. In its fourth country programme, for the period 1992-1996, which was extended at no additional cost until the end of 1997, UNFPA provided $5 million from regular resources. Of this amount, approximately 67 per cent was allocated to activities in the area of reproductive health, including information, education and communication (IEC). During the programme, UNFPA assistance focused on national capacity-building; increasing access to reproductive health services by supporting expansion of the service delivery system to different parts of the country; enhancing institutional capacity for training by establishing four model training centres; developing comprehensive reproductive health training materials; producing IEC materials for the use of service providers and clients; and implementing intensive training programmes for health-care providers.

11. In terms of population and development strategies, UNFPA support in the previous programme included assistance for conducting the 1994 census and its accompanying survey; strengthening the capabilities of the National Population Commission (NPC); and, most importantly, the development of the National Population Strategy for 1995-2005. Advocacy efforts initiated and supported by UNFPA have significantly contributed to a greater awareness of population issues. These activities included the sensitization of community leaders, politicians and religious authorities; integration of population education concepts into the basic education system; and support for advocacy efforts for gender carried out by national NGOs and women organizations. Moreover, UNFPA advocacy activities contributed to the establishment of the National Parliamentary Committee on Population and Development in 1996.

12. In promoting gender equity, equality and the empowerment of women, UNFPA provided assistance to the Jordanian National Committee for Women (JNCW), which includes representatives of those public and private bodies concerned with improving the status of women in Jordan. In 1996, the Cabinet designated JNCW as the focal point for all women-related issues and delegated it to represent Jordan in regional and international women's forums. Jordan ratified the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1992, and JCNW is responsible for monitoring its implementation. Further assistance will be needed to fully address the effects of civil laws and the impact of customary practices such as early marriage, son preference and polygamy and child custody, inheritance and property rights.

13. The reproductive health component of the previous programme focused on a general plan to improve competencies of service providers, upgrade selected maternal and child health and family planning (MCH/FP) facilities, meet contraceptive needs, and raise awareness about the importance of reproductive health and family planning. The approach limited the capacity of the programme to focus on the reproductive health needs of the high-risk poor population with high mortality and morbidity indicators who represent 20 per cent of the total population. Limited attention was given to the impact of the programme on the quality of the reproductive health services and their level of utilization by this target group. Given the wide disparities that exist in Jordan and the emerging patterns of poverty, as well as the impact of poverty on the reproductive health status of men and women, the proposed programme will mobilize a significant proportion of its resources for the priority regions, where the majority of the underserved, poor population is located.

14. The past country programme supported activities to improve the quality of services primarily through in-service training. However, a more sustainable strategy would dictate strengthening pre-service education to improve teaching of reproductive health at medical, nursing and midwife schools in the country. There is a need to provide assistance to upgrade pre-service curricula and improve the technical and teaching skills of the medical and nursing faculty.

15. The previous programme succeeded in bringing to the forefront a general awareness of the importance and necessity of adopting a comprehensive reproductive health approach that takes into consideration the needs of women, men and youth. At the policy level, a national strategy for reproductive health is under development, and it will continue to be supported in the new country

programme. At the implementation level, UNFPA's previous programme succeeded in introducing reproductive health contents, including HIV/AIDS screening and prevention, into the training curricula of service providers. It is important to strengthen and expand these efforts to ensure that quality reproductive health services, including counselling, are more accessible and better utilized.

16. The previous programme was very successful in mobilizing national NGOs to inform and educate the public and raise their awareness about the importance of family planning and the link between improved reproductive health and an enhanced quality of life in general. The intensive IEC efforts of the NGOs made a significant impact. The development of the national IEC strategy during the last year of the programme was an important step towards enhancing the effectiveness of NGOs in reaching the target groups and demonstrated the benefits of assisting NGOs to plan, design, implement and evaluate IEC activities. However, for these efforts to be more effective, UNFPA needs to ensure that they respond specifically to identified family planning and reproductive health morbidity issues, have clearly set behavioural objectives for their target groups, maintain frequent and regular contact with individual clients, address cost-effectiveness issues in the design and dissemination of IEC products, and are directly linked to reproductive health services in the selected underserved areas. There is also a need to strengthen the institutional structure necessary to maintain cost-effective IEC activities, including the increased participation of the Health Education Directorate of the Ministry of Health in the planning and development of reproductive health IEC programmes.

17. Among the main achievements of the past country programme was the institutionalization of population education in the curricula of primary and secondary schools in Jordan. Reference materials and a textbook have been developed, and teachers have been trained using interactive instructional techniques. Future UNFPA assistance needs to focus on strengthening out-of-school programmes and the design of IEC materials that promote a gender-sensitive approach and that empower parents to raise awareness among young people about sexual and reproductive health issues.

18. Following the ICPD, the previous country programme assisted a number of NGOs to conduct ground-breaking awareness-raising campaigns for youth to improve their understanding of population and development issues, sexual health and the prevention of sexually transmitted diseases (STDs). To increase the effectiveness of these efforts, formative research that explores the needs, tastes, preferences and culture of young people needs to be conducted and used to tailor the content of IEC messages and to determine the most effective channels of communication.

19. UNFPA assistance during the last programme cycle was instrumental in mobilizing political support and commitment to address the highly sensitive population issues at all levels, within and outside the Government. The development of the National Population Strategy was a necessary step to assist policy makers in all sectors to deal with the implications of population variables in the achievement of their sectoral development goals. However, many questions surround the institutional structure of NPC and its ability to sustain a systematic and ongoing process of policy analysis and review without foreign assistance. In the next cycle, the Government will need to augment its resources for the NPC, with UNFPA providing assistance to strengthen its capacity.

20. The previous country programme supported a number of gender advocacy activities that had significant impact on the policy formation and analysis processes and proved to be critical for setting a positive climate for the development of the National Population Strategy and the related women's strategy. However, the gender perspective needs to be reflected in the design and planning of activities in each of the main programme areas. Substantive training will be needed to promote a gender perspective among professionals in both the public and private sectors. Given the particular characteristics of family life in Jordan, improvements in the quality of services is directly linked to an increased awareness by service providers of risk factors that affect the reproductive health of women and girls.

21. One of the main lessons learned from the previous programme is the need to increase the level of technical assistance and support to programme management, monitoring and impact evaluation, particularly in the area of reproductive health. Such capacity-building needs to be incorporated into the proposed programme.

Other external assistance

22. Among the United Nations agencies, UNICEF, WHO, UNDP, UNRWA, WFP provide significant assistance to Jordan. The UNICEF programme of 1993-1997 allocated over $5 million to cover health education, social mobilization and advocacy sectors. The health programme included MCH activities, safe motherhood, child nutrition, control of diarrhoeal disease and immunization. WHO continued to focus on health systems research, primary health care, support to training of health personnel, protection and promotion of adolescent health, occupational health, school health, nutrition and environmental health. UNRWA allocated $10 million for a 1993-1997 reproductive health programme. It continued to provide primary health care for around 1.3 million Palestinian refugees in Jordan. Through its family health programme, UNRWA provides comprehensive MCH/FP services. UNRWA operates 23 clinics, of which 10 are outside of its camps. All of the clinics provide family planning services.

23. The World Bank has been the major donor providing loans in support of health management (1993-2000) in the amount of $20 million. The loan components include upgrading of Ministry of Health facilities and services, training, financial planning and budgeting, and development of a comprehensive and integrated management information system.

24. The United States Agency for International Development (USAID) is a major contributor to the family planning programme in Jordan. USAID assistance in the amount of $20 million (1992-2000) covers eight projects, primarily focusing on family planning. USAID provides most modern contraceptives except for oral methods. Among the other bilateral donors and international NGOs, the European Union provided $1.8 million (1992-1996) in support of reproductive health and gender activities. Japan has recently approved a project to strengthen four Ministry of Health clinics as well as launching awareness-creation activities on reproductive health and initiating income-generation schemes. Canada provided assistance in the amount of $1.4 million (1994-1996) for women-in-development activities. The International Planned Parenthood Federation (IPPF) continued to

provide support in the amount of $1.7 million (1992-1996) to assist its national affiliate to establish eight family planning clinics and two mobile units. It also launched a number of IEC activities in support of reproductive health and gender issues targeting youth, women and men.

25. Taking into consideration the leading role of USAID and its continued contributions in the area of family planning, UNFPA's chief areas of responsibility will be: support for the ratification and implementation of a national policy for a comprehensive reproductive health programme; support for the provision of quality reproductive health information and services to selected poor urban and rural areas; special IEC programmes for men and young people; and promotion of advocacy for reproductive rights and the empowerment of women.

Proposed programme

26. The proposed programme is designed to contribute to the goals of the national population strategy that aims to reduce the high population growth, alleviate poverty, and manage the impact of population growth on socio-economic development, the environment and natural resources. The purposes of the programme are to contribute to universal access to quality reproductive services and information and to promote gender equity and equality. To achieve these purposes the programme will help to: (a) improve the quality and increase the utilization of reproductive health services by both men and women in the primary health-care facilities of target areas; (b) increase access to reliable reproductive information and counseling for men, women and youth; (c) strengthen the national capacity to manage, monitor and evaluate reproductive health services delivered in the public, private, and NGO sectors; and (d) increase the political commitment as well as the technical capacity for implementing, monitoring and updating the National Population Strategy.

27. Reproductive health. In the area of reproductive health, the programme will have a capacity-building component at the national level and a service improvement initiative at the subnational level. By the end of the five-year cycle the UNFPA-supported programme will have delivered the following outputs at the national level: (a) ratification and gradual implementation of the plan of action for the reproductive health strategy; (b) improvement in the quality and content of pre-service education in medical schools, midwife programmes and diploma nursing programmes; and (c) upgraded capability of the Ministry of Health to develop IEC programmes and materials. In addition, UNFPA will collaborate with other donors, primarily USAID, to assist the Government in developing a strategy to achieve self-reliance in the provision of contraceptives. UNFPA and USAID would continue the arrangements made to meet the requirements for certain contraceptives over the next five years to ensure accessibility and affordability of a wide choice of modern methods. The Fund will also contribute to efforts to strengthen a decentralized training system. Finally, UNFPA will support efforts to implement quality assurance measures.

28. At the subnational level, the subprogramme will concentrate its service improvement and expansion efforts on the 28 primary health-care facilities in the 14 high priority areas selected in consultation with the Government according to the following criteria: (a) high infant and maternal mortality rates; (b) low contraceptive prevalence rates; (c) high poverty and population density; (d)

low utilization of existing health centres and a high level of unmet demand; (d) commitment and support of administrative authorities; and (e) avoidance of overlap and duplication with other donors. The expected outputs include the expansion of the scope of reproductive health services to include early detection and treatment of reproductive tract infections (RTIs), screening and counseling for STDs, including HIV/AIDS; improved quality of existing prenatal, postnatal and family planning services; and increased utilization of services in the target areas. UNFPA's efforts will be designed to upgrade selected primary health-care facilities and improve their management, increase the clinical and counseling skills of the service providers, and improve the outreach capacity of the health centres to become more pro-active in providing information and education to clients in their community settings. The findings of a situation analysis that is currently being conducted on the quality of services in Jordan will guide the design of the quality improvement interventions in the selected health centres.

29. On the demand side, IEC campaigns and activities would be conducted in the target areas to support service improvement efforts, enhance the image of services and service providers, increase public awareness about how to prevent common reproductive health mortality and morbidity, increase acceptance of modern family planning methods by addressing specific client concerns and, in general, empowering clients to make their own responsible reproductive health choices. These efforts will be designed to increase knowledge and foster more positive attitudes towards reproductive and sexual health among men, women and youth. The programme would support sociocultural research to add to the growing stock of information on the cultural and social barriers hindering utilization of reproductive health services and to improve understanding of the persisting patterns of preference for large families.

30. A further output of the subprogramme will be improved access of youth, mainly out-of school youth, to reliable sexual health and reproductive health information. Technical assistance will be given to conduct research and to design multisectoral IEC programme components that are specifically tailored to youth. To enhance gender sensitivity among youth, the programme would provide support to develop appropriate training materials on gender equality.

31. The subprogramme will help to increase accessibility of reproductive health information and services for men. In addition to the IEC campaigns that will target the male population, technical assistance will be provided to develop reproductive health counseling and services tailored to the needs and concerns of male clients, with a special emphasis on screening and treatment of STDs as well as on increasing contraceptive choices for men. This will be a pilot activity that will be preceded by research on the prevalence of STDs in selected communities and that will explore the ways to organize these services in such a manner that they will be acceptable to men.

32. Of the $2.8 million allocated to reproductive health, 78 per cent ($2.2 million) will go to support for improving the quality of services and for IEC in the target areas. Initial discussions with the Government and potential donors indicate the feasibility of mobilizing $500,000 in multi-bilateral assistance, which would be allocated to securing reproductive health equipment needed to improve the quality of reproductive health services.

33. Population and development strategies. In the area of population and development strategies, the proposed subprogramme will be designed to enhance the implementation of the national population policy, with emphasis on three of its seven domains, namely, gender, IEC and reproductive health. To this end, assistance will be provided for technical assistance and training to upgrade the capabilities of the concerned staff in ministries and institutions involved in implementing the National Population Strategy.

34. Advocacy. UNFPA assistance in the advocacy area aims at assisting the Government to mobilize national support for population and reproductive health programmes, including male reproductive health services, for the provision of reproductive information and counseling for youth, and for the empowerment of women. This will include launching advocacy activities at the national and subregional levels for such key groups as policy makers, programme managers, parliamentarians, religious leaders, service providers and organized community groups. UNFPA will continue its support to advocacy activities of national institutions. The programme will also support the National Parliamentary Committee on Population and Development in its advocacy efforts to revise and pass legislation in support of the goals and objectives of the National Population Strategy.

35. In the area of the reproductive rights of women, the programme will launch advocacy activities to promote awareness about the sociocultural norms and practices that negatively affect their status and well-being. In this context, these activities will stress the implications of specific customary practices that are not in conformity with the laws. The outputs would be: (a) strengthening of the efforts of the JNWC and of other NGOs in the area of legal reform; and (b) influencing policy change, including through undertaking studies on specific areas of concern.

36. Implementation, coordination, monitoring and evaluation. The Ministry of Planning is the official coordinating agency for all United Nations assistance, and the NPC is designated as the focal point for population activities. The proposed programme will be primarily executed by national governmental and non-governmental institutions. It will make full use of available and appropriate national expertise. UNFPA will continue to provide training to project personnel in substantive aspects of programme management and implementation. Technical backstopping will be provided by the UNFPA Country Support Team based in Amman, Jordan, as well as by Technical Support Services mechanisms and short-term international consultants, as needed. UNFPA will provide on-site management and technical support through national professional project personnel as necessary.

37. Programme monitoring and evaluation activities will be strengthened. Baseline data on major indicators related to service utilization, quality of services and the contraceptive prevalence rate will be made available at the national and subnational levels through a number of national surveys and studies. All project evaluations will be integrated during the project development phase to ensure that not only process evaluations are done but also that indicators of impact are identified and means of collecting data to measure the changes in these indicators are identified. Evaluation training will be conducted as necessary to enhance the quality of the evaluation design and data collection.

38. Activities will be subject to progress reports, monitoring field visits and annual and final reviews. In addition, a mid-term programme review will take place in the year 2000, and a final review is anticipated by the end of 2002. The programme will be managed by the UNFPA Representative supported by a senior programme officer, a senior programme assistant, a finance assistant, a senior secretary and a driver.

Recommendation

39. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Jordan as presented, in the amount of $4.5 million over the period 1998-2002, of which $4 million would be programmed from UNFPA's regular resources to the extent such resources are available, and the balance of $500,000 would be sought from multi-bilateral sources and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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